

9 P. c. b  
REPORT OF ADDRESSES AT THE  
DINNER GIVEN IN HONOR OF  
DR. D. B. ST. JOHN ROOSA

AND TO COMMEMORATE  
THE TWENTY-ONE YEARS  
SINCE THE INAUGURA-  
TION OF POST-GRADUATE  
MEDICAL INSTRUCTION  
IN THIS COUNTRY



DELMONICO'S  
NEW YORK  
TUESDAY EVENING  
MARCH THE FIRST

I 9 0 4



TWENTY-ONE YEARS  
OF POST-GRADUATE  
MEDICAL INSTRUCTION



The honor of your presence is requested  
at a dinner to be given at Delmonico's  
on Tuesday evening, March the first, nineteen hundred and four  
at seven o'clock, in honor of  
*Dr. D. B. St. John Roosa*  
and to commemorate the twenty-one years since the inauguration  
of Post-Graduate Medical instruction in this country  
*Dr. William Oster, of Baltimore, will preside*

William T. Bull, M.D.  
Francis Delafield, M.D.  
Bache Emmet, M.D.  
Kegil P. Gibney, M.D.  
Edward S. Janeway, M.D.  
William M. Polk, M.D.  
A. S. Smith, M.D.  
A. H. Smith, M.D.  
Robert F. Warr, M.D.

Albert Vander Vor, M.D., Albany, N.Y.  
A. W. Calhoun, M.D., Atlanta, Ga.  
William H. Welch, M.D., Baltimore, Md.  
William F. Halsted, M.D., Baltimore, Md.  
Clarence J. Blake, M.D., Boston, Mass.  
Maurice H. Richardson, M.D., Boston, Mass.  
William W. Keen, M.D., Phila. Penn.  
John H. Musser, M.D., Phila. Penn.  
J. C. Wilson, M.D., Phila. Penn.  
George Ben Johnston, M.D., Richmond, Va.  
William F. Meyer, M.D., Rochester, Minn.

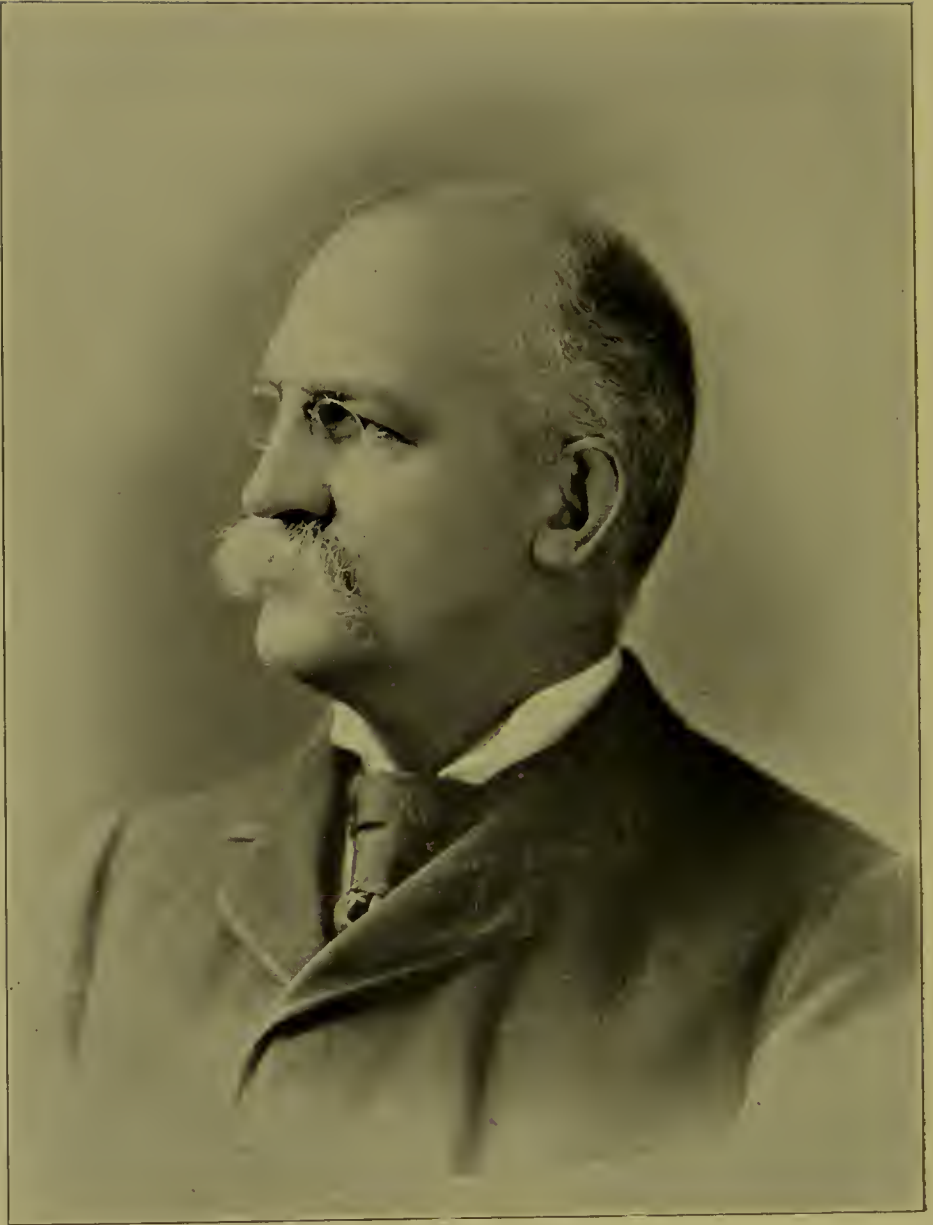
James W. Alexander  
Edward T. Bartlett  
Cornelius N. Bliss  
William I. Howells  
Morris K. Joseph  
Edward King  
John E. Parsons  
J. Edward Simmons  
J. H. Van Shurenge

*R. s. v. p.*





DR. D. B. ST. JOHN ROOSA.



DR. A. W. CALHOUN.



**Dr. Osler.**

The Committee has asked me to read first a number of letters of regret; I am sorry that I cannot read them all. This big bundle you will kindly take as read. I will particularly refer to Dr. Vanderveer, of Albany (applause), who, unfortunately, just as he was leaving, or getting ready to come to this dinner, fell and had a Colles' fracture. One other letter I will read, from Dr. Calhoun, of Atlanta, to Dr. Lloyd (reads the letter).

ATLANTA, GA., Feb. 26, 1904.

MY DEAR DR. LLOYD:

When the request was made, that my name be placed on the Committee of Invitation to a Dinner to Dr. Roosa, I not only gladly assented, but felt that you did me an honor.

I anticipated much pleasure in being present on this occasion, given in recognition of the splendid achievements of so distinguished a physician, but am forced to forego that pleasure, because of serious illness in my family.

It was a happy thought on the part of your fellow citizens thus to honor the man who contributed so lavishly of his valuable time and deep erudition, to the aid and advancement of his profession. His conception of the idea of the Post-Graduate School, and the practical carrying out of the same, have been of untold benefit to the profession at large, but more especially to the vast numbers of YOUNG medical men, who have eagerly availed themselves of the opportunity thus afforded.

And it is not solely in the immediate community in which he lives that his influence is felt and cherished, but it is far-reaching, so that we of the South, as well as those of remoter sections, are deeply sensible of its inspiration.

In fact, the modern physician would deem himself debarred of his dearest privilege, were he unable from time to time, to attend this School and gather new energy and thought at the feet of its renowned Dean.

It must indeed be gratifying to the Doctor to be brought so delightfully to realize, how his confreres love and honor him for the work he has so successfully accomplished.

I wish I could be with you to enjoy the occasion and pay in person my tribute of respect; but since this is impracticable, I write this note that you may know I am with you in spirit.

Kindly remember me to the Doctor, and express to him my wish that his life may be full of years yet to come, and I know those years will be full of good works.

Sincerely yours,

A. W. CALHOUN.

I am sorry to say that many of our friends are absent on account of illness. You will be glad to hear that Dr. Delafield and Dr. Hartley are both doing well.



DR. WILLIAM OSLER.

**Dr. Osler.**

The first toast on the list is, I am sorry to say, linked with my name, "The Progress of Medical Education or Instruction in America." Some of you no doubt remember the Baker's tale in "The Hunting of the Snark." When he began with his parents and his ancestors, the Bellman excitedly tingled the bell, and said, "Skip all that," and in tears the Baker skipped forty years. Well, I skip one hundred years just to state in a few words where we were at the beginning of the twentieth century.

In this country we had done three great things; first, we had reorganized the medical school and had made it a part of the university. This has not been done in all instances, but has been done in a sufficient number of instances to make that combination the ideal towards which every medical school in the country must aspire. Secondly, we have awakened the public to the needs of higher medical education. To this I shall not refer at length. The endowments have not yet been great—nothing in comparison with what they should be and what they will be—a mere handful, so to speak, but the important thing is that we have aroused the public to a full understanding that medical education is an expensive business, and that if the public wishes to have good doctors they must help bear the expense. (Applause.) Thirdly, we have organized on a much better basis the National Association and the State Associations, and at last it is universally recognized that the profession is no longer under the thumb of medical schools. With the State Examining Board the physician at large controls the situation. What do doctors in the country care, in Florida or Indiana or North Carolina, in any of the States, for the qualification of the M. D.? They do not accept it, but examine the man afresh, and the profession controls in this way its own membership.

These are, I think, the three most important advances with which we have started at the beginning of the twentieth century. We have before us four tasks of the first magnitude; and one of these seems ridiculous to speak of, and yet I place it first in importance. It is to give our third and fourth-year students their rights in the hospitals. Now, that does not seem to be a statement to make before a body of hospital physicians, but it is the case; we do not give our senior students in the hospitals the facilities they require. They are let in at the back door or the side door, and into the amphitheatre, but they are not as they should be, an integral part of the hospital equipment. They do not do as much work in the hospital as they should, and they are not taken care of as well as the nurses. Now, I maintain, that our hospitals should arrange to take care of our senior students, that the hospital should be their College. After the medical school work of two years they should be turned into the hospitals and dispensaries to learn their life-work. There are not half-a-dozen hospitals in the country to-day in which sufficient accommodation is offered to medical students. In which hospital of this city is there a large, easy, comfortable reading room for the medical students? Where in connection with a hospital is there a nice home such as the nurses have, in which the medical students can live? In which one of the hospitals have the governors



taken the medical students into their hearts as they have the nurses? (Laughter.) Not one of them. There is no committee to deal with the medical students, and yet, after all, gentlemen, there is not a more important duty for the governors of our hospitals than to see that the men who are to be the practitioners at large throughout the country have every facility and every opportunity for learning the art of medicine.

Secondly, we need a greater and more complete organization of our post-graduate schools. I am delighted to pay my tribute to the men in connection with this School, and particularly to Dr. Roosa, the Dean of the School, for all that they have done. As to the post-graduate work in the general schools—well, we have tried to do it, some of it; but you know how it is done—in a perfunctory manner, as a sort of adjunct of the general teaching. But the post-graduate schools throughout the country, of which this was the first, have done splendid work, not only for the profession, but for the public. There are three separate groups in our post-graduate teaching. We need post-graduate teaching for the general practitioner. There is not a doctor in the country of five years' standing who is not already stale. There is not a graduate of ten years who is not—well, there is no word to express it—but he is in the state in which he should return to the centers for refreshment and for mental revivification and for help to get out of the rut in which he is certain to be travelling.

We need post-graduate instruction for our teachers. All of you know your own weaknesses—if you are not too old—and every teacher I address here knows perfectly well that he cannot teach for ten years without needing an entire rearrangement of his cortex with reference to the subject he professes. If he stays at home and teaches the same subject in the same way and to the same classes, it does not make much difference perhaps to them; the classes move on, and it is all the same to him. They are just like the particles in a river; they keep flowing on, yet the river changes not, but *he* needs change; he needs to get away and get his cerebral particles rearranged. A large post-graduate school for teachers will be organized, not, perhaps, in our day, but it will come and be of the greatest help in training young men as professors.

And we need schools for investigation. It is a very gratifying thing to think that in this city you will have within a few years the greatest school for post-graduate investigation in the country. I refer to the Rockefeller Institute. (Applause.) You will find that it will not only do good to the profession at large, but it will help you here, and will do you much more good than you anticipate. You will have there a scientific department for research which will stimulate enormously the work of the other schools. The third important thing which we need is interstate reciprocity. Many of you perhaps do not appreciate the situation. A man who passes such a good examination as that of your State Board is only allowed to practice in this limited section of the country. He is not allowed to practice outside the State; he is debarred from all other parts of his native land unless he passes another examination. If he goes across to New Jersey he has to pass an examination there; or, if he is ill, poor fellow, and has to go to North Carolina, for instance, or to South Carolina, he has to pass another examination there. If he finds that the climate of North Carolina does not agree with him and he has to go to Florida, he

has to pass a fourth examination there. I speak of an actual instance. I think this is an outrage, and we ought to set our faces against the system, and we should urge upon the physicians throughout the country (who are responsible for it) to change this state of affairs and to insist upon reciprocity between State Boards which have ordinary fair and reputable examinations. (Applause.)

Another important change is one which I can only refer to very, very briefly. Under other circumstances, I would have liked to refer to it at considerable length. It is a subject which might occupy an hour reasonably, but under the circumstances, I can only mention it. We need a Merger in medicine. This I know is not a popular subject, as many of you, of course, are feeling sad and sore in your pockets on account of the attractiveness of the very name, which has got you into all sorts of speculations. But this is a different thing, entirely different. We should look forward to consolidation and unification in our medical schools. We waste so much energy, so much time, and so much money duplicating expensive teaching plants. There is not the shadow of a doubt that within fifty or one hundred years, even in this city, there will be only one large central medical school; that is to say, all of the teaching in science, in anatomy, physiology, pathology, will be merged into one central body, and the teaching in the practical departments will be done in the hospitals, all of which would come under one central organization. (A voice: "No.")

Somebody says "No." Naturally you cannot expect many to look forward to anything so radical. We cannot, because we are not accustomed to it; nor perhaps is it so necessary in the big cities. But what of the state of affairs in the smaller cities, where, for instance, there may be three medical schools, or even five or six medical schools? Think of the waste of time and think of the waste of money under such circumstances. In the smaller cities the profession should frown down this system of a number of very small medical schools, when one large one is all sufficient. (Applause.)

These, gentlemen, are some of the labors which lie before us. Some of them we shall see accomplished, I have not a doubt, particularly, I think, reciprocity. Others perhaps some of you may see. But this at any rate you have seen, all of you—a wonderful awakening in the profession of medicine. It is not to-day what it was twenty-five years ago, and twenty-five years hence will be a great deal better than we can possibly anticipate. "What has been is but earnest of the things that we shall do." (Loud and continued applause.)

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### Dr. Osler.

Gentlemen, there are three types of specialists: there is the specialist of the public; there is the general practitioner's specialist, and there is the specialist's specialist. As for the first, the public cannot possibly know about his merits; as to the second, the practitioner *may* know his merits; but the third, the specialist's specialist—his colleagues know his merits, and I have much pleasure in introducing to you such a one in the person of Dr. Clarence J. Blake, of Boston.



DR. CLARENCE J. BLAKE.



### Dr. Clarence J. Blake.

Assuming this to be a question, what is the need of post-graduate education for the specialist, the answer would be—in point of fact, everything, since specialism in medicine is, and always should be, the product of an education supplementary to a general medical training and, when possible, to general practical experience as well.

The New York Post-Graduate School marked and made the beginning of a new era in medical education in this country and set an example which is being illustrated to-day in the existence of graduate courses as a recognized part of our medical school instruction and presaged for the future, as a part of the general educational uplift now in progress, by plans for organized graduate departments of the medical departments of our great universities.

This uplift, which first left the older curriculum of the individual teacher and individual student, the 'prentice system of medical education, behind it and passed on to the grouping of practicing physicians together in a teaching body, with the formation of a medical school on an independent foundation, the private venture in medical education, is eventuating in the establishment of general medical education as a part of a great university system.

Throughout this development there has always run the purpose of an increasingly better definition of requirements and a more inflexible determination of the standard of excellence essential to the title to undertake the great moral responsibility of becoming a medical practitioner.

That this responsibility is being further safeguarded by the preliminary requirement of a college education and by subsequent requirement of hospital service with clinical demonstrations, on the part of the candidate, as a part of the final examinations for degree, is only commensurate with the place which the doctor is called upon to take as a community factor.

In contrast with this what shall be said of the doctor who has built upon this foundation of his general medical education, the superstructure, sometimes a flimsy one, of a demand upon the main body of his profession, and upon the public at large for a recognition of especial excellence, with all that such confidence implies.

Much as specialism has done for the general medical advance, great as have been the benefits accruing from it, the practice of specialism, as it stands in this country to-day, with an *indeterminate* special education as its basis, contains elements which are a menace to the integrity of the medical profession as a whole and a danger to the public.

The remedy for this, it is plain, must be had in the application to special, that which has been found necessary in general, medical education, namely, the provision of determinate instruction and the establishment of a standard; for the machinery by which this is to be effected we must look, eventually, to the post-graduate schools.

As matters stand at present, the education of the specialist is planned upon no rule of average, governed by no extraneous law, controlled by no enactment; the medical graduate who wishes to limit the practice of his

profession to a specialty illustrates the personal initiative, which is said to be a characteristic of the American, and, with a self recognized aptitude, or a self centered desire, as his incentive, wills to be a specialist and then takes a line of study, of his own independent selection, to attain that end.

That such a course is fraught with danger has been shown in this latter part of the forty years since specialism first had a recognized place among us, by a tendency to disintegration of the proper sociological relationship between the general practitioner and the community, by the sometimes extravagant claims of specialism for public recognition and by the tendency to decadence of the specialist himself.

To the specialist in medicine, as to the specialist in other branches of science, there are open two possible dangers, the one that he shall himself become specialized and lose the broadly invigorating touch with his profession, the other that, in the practical application of what he has especially learned he shall lose sight of the incumbent importance of further study, of research and of contribution to the fund of knowledge upon which his specialism is based.

In the existence of the special medical societies there is a certain measure of safety from these dangers, but the published transactions of even the best of them show the tendency to follow limited lines and to fall away from observations and investigations bearing upon the relationships of the special subjects to general medicine. Part of this is undoubtedly due to the fact that the specialties are still new and that there is much unexplored territory within their holdings, part to the possibility, in individual cases, that the special education has not been sufficiently broad and solid and part, it is to be feared, is an evidence of the attractions of that line of least resistance leading, ultimately, to faddism and commercialism.

As a counteracting effort the societies in question are drawing their lines of exclusion more firmly and putting the premium of acclamation upon contributions which are the outcome of study or of research, the graduate schools are lengthening their special courses and reserving their original shorter courses for general practitioners who do not intend to enter special practice and, finally, the undergraduate medical departments of the universities are considering the establishment of prolonged, elective special courses, in the senior year, which shall serve as preliminary to extended post-graduate study.

To meet the needs of the specialist, to maintain his proper ethical relationship to the body of his profession and to protect the public, it is absolutely necessary that his formative special education should be put upon a definite, determinate basis. The furtherance of this is the duty of the medical profession at large and the medium through which it is to be effected is the post-graduate school furnishing defined special instruction, terminating in examination for a certificate or higher degree, and providing, in addition, opportunities for further, advanced study and for laboratory and clinical research.

The Post-Graduate Medical School of New York began its illuminative career twenty-one years ago with the purpose of enabling general practitioners to keep abreast with the advance in medical knowledge; to-day it is still in the van, under the same active and intelligent leadership, offer-



ing certificates for prolonged study and making provision for specialized teaching.

How wide its influence has been in the production, and stimulation, of the advance in medical education of which we are the witnesses it would be impossible to compute; this much those who have the good fortune to be connected with it can say with justifiable pride—it was the cradle of the initial idea.

“The great oak from the little acorn grows and spreads its branches wide,” but it is necessary that the acorn should be sound at heart, that it should have a firm and wholesome fibre and that there should be within it the kinetic energy of growth—therefore, in behalf of a signal and original contribution to professional and public welfare, thoughtfully conceived, wisely planned and courageously sustained let us pledge the warm heart, the firm-fibred intelligence and the well-directed energy of the President of the New York Post-Graduate School of Medicine.

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### Dr. Osler.

With the exception of a few Boston Brahmins and half-a-dozen hard-working New Yorkers, all of us present come from the country. A majority of you have just come in and occupied New York—from the North, from the South, from the East and from the West, and most of you have come from very small places. (A voice: “Caughnawauga.”)

Yes, Caughnawauga was my native place, and I am proud to say that I was brought up among its wilds. I should not have been here to-night if I had not been reared among the stumps of her trees.

But the thought that occurs to me is this: Had we stayed where we were born, what would we have been? Every one of us would have been “mute, inglorious Miltons” or “guiltless Cromwells.” Now I want to introduce to you a man—I do not know whether he stayed where he was born—who has stayed where he was “raised,” and it was in a very little town, away off beside the Mississippi; and that man has done what few men are able to do; he has risen superior to his environment. He has not come to New York or any of the large centers; but New York is glad to go to him. (Applause.) There is not a medical school of this country, or for that matter of Europe, that is not glad to send representatives to that little town, and to see there the man who will speak the next toast. (Applause.)

I introduce to you the most distinguished post-graduate student of this country, the teacher of teachers, Dr. Mayo, of Rochester, Minnesota.



DR. WILLIAM J. MAYO.

**Dr. William J. Mayo.**

We meet here to-night in honor of the man who has done more than any other man for post-graduate instruction in America. St. John Roosa crystalized into a concrete form the post-graduate idea and by means of a concentration of instruction enabled the medical man who had fallen behind the times to regain his position.

We have but to review the position of medicine and surgery in this country twenty years ago to at once appreciate the necessity for post-graduate work and to note that it is, to-day, the dominant feature of medical instruction in America.

Two decades ago the man who graduated from an American medical college was relatively better prepared for his work after two or three short courses of lectures than the graduate of to-day from one of our best universities, with a four or six-year term of study; that is, the balance of known knowledge then over the subjects taught was so much less. Not only that, but the graduate of a second or third-rate school was in some respects in better position than the graduate of a first-class medical college; he knew less, therefore had less to unlearn. He had less faith in his school and his own preparation, therefore had a proper mental attitude for the change which was taking place with the advent of the germ theory. We must remember that the so-called better medical college taught not a different theory but merely more of the same theories which were promulgated by the inferior school of the time.

To-day the enormous mass of knowledge over and above any possible medical teaching is only appreciated by the highest scholarship, and the better the recent graduate is taught the more fully he realizes his own deficiencies, and with that knowledge comes the post-graduate idea, which must be the guiding star of his professional life. Success is the measure of his understanding of his post-graduate necessities, failure the result of self-satisfied content and evidence of scientific senility whether he be twenty-five or seventy-five.

The necessity for post-graduate instruction in the future is appreciated best by its results in the past. The peaceful invasion of America by the European emigrants, which reached its height in the early eighties, bringing as it did an enormous alien population, largely from the German and Scandinavian countries, also brought into the Middle States a number of professional men, educated under Germanic influence. These men, with knowledge of the origin of disease far in advance of American education, at once took a high place in our national life, while their successful competition endangered the very existence of the man educated in the American school and sharpened his comprehension of his lack of proper mental equipment. The schools for post-graduate instruction proved a God-send, enabling the half-educated American to rapidly advance his position and gain the knowledge so necessary to success.

In the seaboard cities, men educated here had been going for further instruction to France, when Paris so briefly had the scientific spirit which later hovered over and finally settled in Germany. These men had the

means and also the knowledge of the German language, which enabled them to do that which to a large extent was denied the men from the middle country. Into the large cities came also many highly educated German scholars.

From such sources the post-graduate schools drew their teaching staff, that the man behind the times might at second hand obtain his equipment. Best of all, the post-graduate idea became the dominant one and a peaceful invasion of Europe by the post-graduate student was rapidly established.

Germany, the kind foster-mother of science, became over-run with the knowledge-hungry American. The university classes open to foreigners had more American students than from all the other foreign countries combined. The professors learned the English language to better enable themselves to meet the demands. To-day we have the best ideas of the European clinics brought to us by our own students, and have a better understanding of their culture methods than the average medical practitioner in the countries from which the knowledge was drawn. Our young men have returned, ardent, and full of initiative, not to settle in the overcrowded East, but in the Middle and Western States. Every growing city of 5,000, or even less, has its hospital equipped on modern lines and its surgeon, young, ambitious and capable. From its very poverty of learning, the middle country has drawn its inspiration and ultimate success and is to-day no unfit running mate for the cultivated East.

What has the post-graduate idea done for America? It has eliminated the second-rate medical college, developed the university plan of instruction and made the home graduate the equal of any in the world. America is cultivating broad scholarship, and that indefinite essence which we may call the spirit of science, which to-day is German, must in the years to come call itself American.

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### Dr. Osler.

I have much pleasure in introducing to you next the youngest and most active surgeon in the profession in America. When, as a middle-aged man, I went to Philadelphia, twenty years ago, Dr. Keen presented just the same appearance as he does to-day, and to-day he is not one hour older than he was then. There is not a single Tithonic feature about him, and, what is an important matter for a medical school, he is a son of the horse leech, and he cries to the public, "Give, give, give." He will tell you how it is done.



**Dr. Keen.**

To urge "The Need for Increased Endowment for Medical Instruction" is entirely superfluous before this audience. It consists of a large number of doctors who know only too well the need for endowment for their own and for every other medical school in this country. I can only repeat, therefore, in part what I have said elsewhere\*, adding somewhat to it, perhaps, in the hope that you will repeat it to others, your patients and friends, whom you may persuade to give liberally. It is for the purpose, therefore, of concentrating your thoughts for a few moments upon the question of the urgent need of such endowments that I ask you to listen to me.

I shall base the need of endowment of medical schools by the general public upon three grounds.

FIRST.—*The costliness of modern medical instruction.*—If you look at any large medical school of the present day you will find a very different state of affairs from what we had when I began the study of medicine. Then we had two lecture-rooms between which we swung like a pendulum, seven men who talked to us in one great mass for an hour at a time for two years on precisely same subjects, and that was all. To-day you need a large medical building, you need a large hospital, you need a dozen laboratories each with a costly equipment and with a large number of assistants. You need, as President Eliot has so well pointed out, *individual instruction*; not simply lectures to a large class without illustrations and without laboratory work; but small classes of ten, fifteen, or at the most, of twenty, and individual instruction in the laboratory for every man. When I began the study of medicine in 1860 at the Jefferson Medical College there was no hospital, and from the faculty down to the janitor the number of those who took part in instruction numbered less than a score. To-day in the Jefferson College and Hospital, and its dozen laboratories, we have over *eleven score* of instructors, an increase of over 1100 per cent, observe! And these men must be paid, and the men in the theoretical branches, who have not the means of making a large income by practice, must be paid large salaries so that they will be able to give their whole time to the medical school. Yet the fees paid by the students have been less than doubled, that is, *increased less than 100 per cent. against an increase of 1100 per cent. in the teaching force!*

The medical fees are practically as large as we can make them. The expense, therefore, of modern medical education must be borne largely by endowment. Just exactly as in the academic department of our universities we need great endowments to eke out the insufficient incomes derived from the fees of students, so in our medical schools we need large endowments for the same purpose. Compare, for instance, the theological schools of this country with about 8,000 students, in which the average endowment for each student is \$2,250, with the medical schools attended by 24,000 medical students, with costly laboratories, hospitals and appli-

\* Presidential address before the American Medical Association. Journal of the American Medical Association, June 19, 1900.



DR. W. W. KEEN.

ances that theology does not require, and a paltry endowment of \$83 per student.

The SECOND reason for generous medical endowments from the public is *the commercial value of the medical profession to the public*. I am not speaking now of the value of health to everybody, or of our cherished desire for the health of those who are dear to us at home. I am not speaking of the kind father that may be lost to a young dependent family, of the loving mother that cares for them, of the dear child whose place can never be filled in our hearts or homes—I am speaking, mind you, of the mere sordid commercial value of the profession to the community, that is, its value to the community in hard cash—dollars and cents. Let me refer to this somewhat in detail.

It is only a few years since quarantine was one of the most horrible things we could imagine. To-day, practically, quarantine has been almost abolished by reason of the researches and work of the medical profession. We no longer fear cholera, the plague, or yellow fever, or even typhoid fever, as we once did, because we have exterminated the rat, we can quarantine or kill the mosquito, we have corralled the fly, and we are filtering and boiling our drinking water. All these things have been shown to be needful and efficient as the chief means for the prevention of disease by the most patient, scientific, laboratory work.

But a few years ago a single case of cholera or yellow fever down yonder Bay would have meant the loss of millions of dollars to your merchants: but to-day, as has been shown in your hospitals, cases of cholera, or yellow fever, or even of plague, that might and do occur, scarcely create a ripple of excitement because the community knows that your able medical men have these diseases by the throat. Dr. Reed and his fellow-workers in Cuba have accomplished an epoch-making work. For the first time in *one hundred and seventy years* Cuba has been *made* free and *kept* free from yellow fever, and the merchants of New Orleans, of Mobile, of Norfolk, and of New York are reaping the benefit of this unselfish labor in hard dollars on the credit side of their accounts. (Applause.)

The horrible character of the plague we scarcely appreciate. In the fourteenth century twenty-five millions of human beings lost their lives in Europe alone, and even to-day among the ignorant people of India over two hundred thousand human beings a year are offered upon the altar of the plague. But we are beginning to see a brighter time. Haffkine's inoculations have diminished the susceptibility of the people by seventy-five per cent. and have diminished the mortality in equal proportions; and I believe that the time is coming when the plague, like yellow-fever and smallpox, will be practically wiped out.

Again, we do not appreciate what smallpox was in the past. In the eighteenth century sixty millions of people died from smallpox in Europe alone, and in addition to that almost all the living were left with the ravages of the disease marked upon their persons. It was as uncommon in the streets of London before that memorable day when Jenner inoculated young Phipps—it was as uncommon to see a person *not* pock-marked, as it is to-day to walk down Broadway and see one who *is* pock-marked. In Russia alone, in the year of Jenner's splendid accomplishment (1796), two millions of people died from smallpox.



I said a moment ago that I would consider only the sordid commercial value of the labors of the profession to the public. Consider, therefore, what all these millions of saved lives mean in revenue to the State, in revenue to the family, in the prevention of pauperism, in the comfort of human beings, then we begin to appreciate in some degree the value of the services practically of one man, the most magnificent benefactor of the human race that ever lived, Edward Jenner.

In 1890 there were 156,638 unnecessary deaths in our large cities because of defective sanitation. For the ten years from 1886 to 1895, the average death rate in New York was 25.18. The sanitary reform which followed that year saved in 1895, 3,758 lives; in 1896, 7,736; and in 1897, 9,920—a total of 21,414 in three years. As there are an average of twenty-eight cases of sickness for every death, sanitary reform in these three years prevented about 600,000 cases of sickness. And who were the chief of the reformers? You physicians. The millions, nay hundreds of millions, thus saved in the last fifty years in this city alone would enrich even the most avaricious of nations.

I need not tell an audience of doctors what has been done in diphtheria, but I may well refer to its results so that you may in turn remind others. It has been done in our day; and it has been done not as a result simply of constant and fruitless trials of various supposed means of cure; it is not simply the work of a shrewd doctor carefully observing symptoms and noting the effect of remedies: but it has been done by exact laboratory work by quiet men who have been working far away from the sick room with not a single human patient under their care, men who are not practitioners of medicine, but pathologists and bacteriologists, experimenting on rabbits, guinea-pigs and mice instead of on men and women, and especially dear little children; and thus working unobserved, unheralded, unseen, they have given to the human race a boon second almost to that of Jenner.

As was shown by the report of the Pediatric Society not long ago, the mortality of diphtheria has fallen from forty per cent. to eight and eight-tenths per cent. In the laryngeal cases, before the introduction of the serum treatment, the mortality was seventy-three per cent. and the recoveries twenty-seven per cent. Since that time, precisely the reverse has been the case; the mortality is now twenty-seven per cent. and the recovery rate seventy-three per cent!

And yet there are actually people who reject vaccination and try to prove that the serum treatment of diphtheria is of no use!

In the little town of Plymouth, Pennsylvania, a town of 8,000 people, a few years ago on its outskirts occurred one case of typhoid fever, in winter, with snow on the ground. All the dejecta of that patient were thrown out upon the snow. When the warm springtime came and the rain fell, it washed the poison from this patient into the reservoir that supplied the town of Plymouth with water. As a result, 1,200 cases of typhoid developed—nearly one-sixth of the entire population—and the town was almost desolated. We have had a somewhat similar experience in another Pennsylvania town, at Butler, when the water supply was contaminated; and you have seen in this State some of the flower of your young men cut off at Ithaca for the same reason. And all of this was preventable!



When the medical profession has shown you what can be done in the way of preventing typhoid fever, I ask you whether it is not of enormous commercial value to the public, to say not one word of its philanthropic value, in the saving of so many valuable lives?

In 1892, an epidemic of cholera broke out in the town of Hamburg; 18,000 people were smitten down with the disease and 7,614 died. Lower down on the river Elbe, where the sewage of Hamburg was added to the impurities of the river, in Altona, a town contiguous with Hamburg, there was but 516 cases. Why? Because Altona had a thoroughly efficient filtration plant and Hamburg had not; yet the researches of the medical profession had shown that proper filtration of the water supply filtered out all the germs of cholera. Which would have been the cheapest plan—to spend a few millions of dollars on a good filtration plant, or to smite its commerce with a blight for months, at a cost many-fold that of the filtration plant? You note that I say nothing of human lives and human woes. The grim satire is completed when I add that in addition to the immense cost to its commerce Hamburg had to build the filtration plant after all. I need not refer to any other than this one instance of a single disease to establish the value of the work done by the researches of the medical profession chiefly. The engineer, the architect, other professions, the public-spirited citizens who are in control of municipal affairs, deserve large credit, all of them; but, after all, you gentlemen and your confrères in the medical profession are the backbone of this humanitarian progress.

Malaria was formerly thought to be the result of the decomposition of vegetable matter, and that it originated in low-lying swampy land. In Italy alone to-day more than half a million acres of land are entirely waste and desolate because of this dread disabling disease. On the Adriatic Railway it cost the company one million francs per annum to take care of their sick, due to malaria; but now, thanks to the investigations of medical men, we know perfectly well that if you shut out the mosquito you shut out malaria as well as yellow fever. The warning will be heeded by this country when we dig the Panama Canal. Then you will see a splendid object lesson in sanitation, I have no doubt, which will carry conviction to us all of the money value of medical research in the saving to the country, to you and to me, of millions of dollars and of thousands of lives.

Of tuberculosis I need scarcely speak, for we all, alas, know its ravages in our homes and hearts. We are on the verge of an equally beneficent improvement in its treatment. In Germany the cure of even ten per cent. of its victims, it is estimated, on a moderate money value of the daily labor of those who recover, will add two millions of dollars annually to the resources of the State. Are not such money results a generous percentage of income from a moderate endowment? And human lives and human happiness cannot be reckoned in dollars and cents.

In military hygiene and sanitation the money return is equally promising. In the British fleet in the West Indies in 1726—I am stealing from a recent address of one of your New York doctors, you see—out of a force of 4,750, 4,000 died as the result of bad sanitation. On the West African coast the mortality was sixty-nine per cent. During our own Civil War twenty per cent. of the armies were sick. But in spite of all the outcry that there was—partly just and partly unjust—during the Spanish-Am-

erican War, the sick percentage was three and a half instead of twenty per cent. and the mortality was two and a half per cent. Even in distant—and as I suppose some would call it—barbarous Manila the mortality was but eight-tenths of one per cent. But you may say these were soldiers and sailors wasting the country's substance and not adding to it; to which I reply that for every soldier or sailor who died an artisan or a farmer had to be taken from productive labor to fill his place; every soldier or sailor saved meant that another productive unit was saved to his family and to the State, and a family which threatened to become a charge upon the community was saved from expensive pauperism.

In fact, at the present day we have changed the aspect with which we look at medicine. Doctors thus far have been, and always will be to some extent, for the care of the sick; but to-day the medical profession is for the *care of the well*—to *prevent* sickness instead of curing it (applause). I glory in it that ours is the only profession on the face of God's earth, I believe, that is trying to destroy itself.

As I am a surgeon, I have purposely preferred to take my examples from medicine, hygiene and sanitation, rather than from surgery. But I cannot refrain in passing from calling to your minds a few of its triumphs. The dreamless sleep of ether cannot be estimated in current coin of the realm, but what would you offer for its blessed relief were it just beyond your reach? But antiseptic surgery has a definite money value, when the mortality of compound fractures—one of the most frequent accidents, especially among our laboring population—which formerly swept into the grave sixty out of every one hundred of its victims and so often left their families destitute, is now shown to be less than five per cent.; when legs and arms formerly cut off to save life are now saved and their owners restored to the ranks of the breadwinners; when rupture which killed so many and disabled so many more is now cured with almost no mortality; when diseased conditions wholly beyond the skill of our fathers are now remedied and their victims returned to active life: when it is estimated that one million years are added every three years to the life of women in this country alone by a single operation—ovariotomy. Translate these facts into figures and tell me then the money value of surgery alone to the American people. One Jenner, one Koch, one Lister, is worth a fabulous sum to the world.\*

I should also refer to the commercial value of all the medical work done in animal diseases, such as trichina, which touches man as well as animals, hog cholera, chicken cholera, rinderpest, and all the other local diseases that affect our cattle. Our failure to control and eradicate hoof and mouth disease in cattle cost a single steamship line lately, in its trade to Great Britain alone, 5,000 dollars a day profit, and they say "money talks." The researches and improvements introduced by our profession have reduced the losses to the community by millions of dollars every year, because of the prevention of those diseases. But when a man does not

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\* As though to reinforce what I have above stated, the newspapers on April 11th called attention to the fact that Dr. Daniel Lewis, the Health Commissioner of the State of New York, in his Annual Report to the Governor, said:

"If the monetary value of a human life is assumed to be \$5,000, the deaths from only five of the preventable diseases during 1903 in this State represents a loss of \$94,960,000. These figures seem appalling, and yet millions upon millions can properly be added to this sum, in loss of wages, expense of the care of the sick and many other expenses incidental to the management of these epidemic and infectious diseases."

lose his cattle, when the loss is only prevented, he is apt scarcely to appreciate what has been done for him negatively.

I think one of the most remarkable things we have observed in our day has been that experimental railway near Berlin, where on an electrical trolley line they have driven the cars up to a speed of 130 miles an hour. Dr. Pritchett has given a most interesting account of it in a recent article in *McClure's Magazine*. It seems that the idea began in a *Studenten-Gesellschaft*, a company of *students* who proposed to study minutely and exactly all the obstacles in the way of rapid transit and the means by which, each in turn, they could be overcome. That they have solved the problem where all the rest of the world have failed, we know to-day, and Dr. Pritchett well says in that article: "*The research habit once considered so far removed from utilitarian ends, is to-day the greatest financial asset of Germany.*"

Go around the world and you meet in Japan, in China, in India, in Egypt, everywhere, the familiar label, "Made in Germany." Why should it not hereafter be "Made in America?" When we have acquired the "research habit" and made it our best and most valuable "asset," I believe that that label will surely supplant the other one. This "research habit" in medicine is of as distinct value as a financial "asset" as it is in engineering or in commerce.

The THIRD reason that I suggest for increased endowment in medical schools is the *genuine and lasting pleasure that it gives to the donors*. I alluded but a moment ago to the enormous number of human lives saved to the community by ovariectomy alone. Let me ask, can there be a greater pleasure to any of your rich patients than to know that he, or still better she, has had the comfort and the pleasure of taking a large part in such a wonderful achievement, a large part in such a superb gift to humanity, a gift far better than any warrior ever gave? Could there be a greater comfort while a man lives, or when he enters the valley of the shadow of death, than to know that his gift to a medical school has done and will always do such untold good?

Most of us work both in hospitals and in colleges. As I look over my own work in the Jefferson Hospital and the Jefferson Medical College, I see in the hospital scores of patients, even hundreds of them every year, who go out happy and in comfort, contented and restored to their families and to wage-earning power, and it is no end of pleasure to me, as it is to you, my colleagues, to remember such cases. But when I look over the faces of the hundreds of young men that I have had the pleasure of teaching, when I remember that I can instill into them high ideals, when I can bring to the birth in their lives this "research habit" and the desire to learn, and think that they will go all over the world and cure hundreds more than I can—thousands more than I can—which work is the greater? The curing of my scores of patients, or the teaching of hundreds of young men to go out to cure their scores of thousands and to bring the blessings of many an exultant wife and many a poor widow upon their heads for the work that they have learned to do through you and through me? (Applause.)

The joy of the teacher, gentlemen, as you know so well, is a joy that is never ending. It is one of those delights that come to us new every morning and fresh every evening, and yields a sense of satisfaction beyond



anything else in this world. And if the rich men of this country will only endow our medical schools and so teach through us all of these hundreds of young men that go the world over as heralds of cheer and apostles of health, surely they will enjoy the greatest satisfaction that can be given to any man.

And when we lay us down for the last time upon our pillow, we can all thank God that we have been able to contribute, some by our own work, others by their own means, to this magnificent gift to humanity. (Loud applause.)

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### Dr. Osler.

Incidentally, gentlemen, I may congratulate a profession approaching dissolution upon the healthy appearance presented, in fact the eusarcoid state of the men I see before me. The cablegram which I have in my hand is from an old teacher of many of you, and a dear friend of our honored guest to-night, Dr. Politzer of Vienna.

“Mo 61 WIEN 12

“RESTAURANT DELMONICO N Y

“To PROFESSOR ROOSA:

“Heartiest congratulations.

“VIENNA OTOLOGICAL SOCIETY,

“POLITZER.”

In our work in connection with hospitals and medical schools, we are all very much encouraged by the loyal spirit in which help is given by intelligent laymen. There is not a medical school in this country, there is not a hospital which is not blessed with many hard-working friends, men who give of their time freely, as well as their money, to the support of our public institutions; and I have great pleasure in introducing to you the Honorable William Potter, Chairman of the Board of Trustees of Jefferson College, who will speak on “The Value of Medical Institutions to the Community.”

**Mr. William Potter.**

I feel highly honored in being the only layman assigned to speak to so distinguished a number of the medical profession. Your calling is the noblest that man can follow. From the vicissitudes of life, I have learnt at last this philosophy: that the best and happiest work we can do, is in helping the other fellow; and I know, your science in its relation to our poor humanity, is the avenue that possesses the most magnificent opportunities for most unselfishly accomplishing this great purpose. It is therefore no mere compliment to say, that I appreciate the call to respond at this great gathering, to the toast "The Value of Medical Institutions to the Community." Perhaps I could best epitomize my remarks, for the hour is late, by saying that the value of medical institutions to the community is best shown by the fact that it is possible for them to produce such an intelligent body of men, as I see gathered before me this evening.

Sir Norman Lockyer, President of the British Association for the Advancement of Science, stated in September of last year, in his Presidential Oration, that the book of Captain Mahan, of the United States Navy, "The Influence of Sea-Power on History," awakened England out of her sleep, and in 1888, as a result of that book, Parliament voted over £21,000,000 for the purpose of increasing the British Navy; and from that time to the present, Great Britain has expended over £120,000,000 additional, until now she has a navy exceeding in strength any two navies that might oppose her.

Acknowledging his inspiration from Captain Mahan, Sir Norman Lockyer's text was entitled "The Influence of Brain-Power on History," and it would appear already, though but six months have passed since the publication of that oration that it also has awakened England to the importance of increasing brain-power among her people. Lockyer quoted Disraeli's remarks that the fifty years then closing, made the most remarkable epoch in scientific results the world had ever seen. The President of the British Association went on to say, that it was absolutely true that Great Britain was being overmatched and outdistanced by her two great rivals, the United States and Germany, due to the fact that England had a faulty educational system, which produced a monopoly of higher learning for the young men of wealth in the United Kingdom; that most of these young men paid no attention to their studies, and that even when they were graduated with distinction, very few of them gave the benefit of their knowledge to their country. He made an earnest plea that inasmuch as private benefactions had not seen fit to create sufficient endowments for universities and colleges in Great Britain, the Government itself must of necessity not only come to the aid of those already existing, but must also provide for an increase in their number; that larger salaries must be paid to the professors, and lower fees charged to the students, so that bright young men of limited means could have an opportunity for receiving that higher education which is to-day absolutely necessary to properly equip men for the struggle for advancement, not only in material things, but also in the higher spheres of life. The deductions being, that while it was well enough to contribute money for sea-power, there would in time be no



HON. WILLIAM POTTER.

commerce to protect, unless there was a corresponding increase in the brain-power, emanating from the student in the colleges, and thereafter, from his researches into science. He added that in the last half century, from laboratories and other scientific sources, there had issued knowledge which had done more to change for the better the conditions of the world, than all the codes that were ever written, or laws that legislatures have ever enacted.

So I am impressed as a layman to-night, in hearing the earnest appeals by your profession for this higher medical education and for corresponding laboratory research, through which you are yet to discover every pestilential germ that is now shortening human life. You may be satisfied, gentlemen, you are on the right path, and that the ordinary medical graduate is in absolute need of a post-graduate course, and that even the graduate of the latter institution cannot afford to put aside the book, the clinic, or the laboratory.

Quite by accident in coming over on the train from my native city, which is generally known to the nervous, broken-down New Yorker as a rest cure, I was impressed by some statistics in the morning paper, in which it stated that New York City had four free beds for every thousand of its inhabitants, and that through the increased facilities in Philadelphia, the latter had about the same number; and that therefore, the cities of New York and Philadelphia had four free beds for every thousand of their population, as compared with only two free beds for the same number of people in the city of London.

This is a straw, gentlemen, indicating with regard to medical institutions and medical education, that we are in advance of our brethren in Great Britain. If the influence of higher education in all scientific subjects be demanded in England not only by the leading scientific men of that country, but also by such men as Balfour, Chamberlain and Roseberry, how much more important for the comfort of humanity and for its well-being, is not the higher education in the science of medicine? So all I can say to you, gentlemen, in conclusion, as a layman who has tried to assist you in your efforts to save human life: Godspeed you in your noble endeavor, and may the next fifty years witness the grandest achievements in the medical profession, that the human mind can contemplate.

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### Dr. Osler.

The next toast on the list is "Civic Pride in Medical Institutions." I cannot say that civic pride in the profession is a special characteristic of the citizens of any Anglo-Saxon city. "They manage those things much better in France." Go to Paris and you can scarcely walk half an hour without seeing a memorial to a great physician. You come upon statues to such men as Bichat, Pinel, Laennec, Broca and others—the hospitals and the streets are named after them, and you see everywhere a recognition on the part of the citizens to the greatness of the medical men who have labored long and faithfully in their service.

What have we here? Where are the monuments in this city to Bard, to Hossack, to Mott, or to Flint? You look in vain.

Where in Philadelphia are the monuments to Rush, to Physick, or to Gerhard? Dr. Polk will perhaps tell us why we are so negligent.





DR. WILLIAM M. POLK.



**Dr. Polk.**

It is with more than my usual diffidence I rise to-night to reply to this toast, because I am overwhelmed by the feeling that there are so many men sitting before me who are far better qualified to respond to it, and were it not, as I cast back my memory, I reach a point where at the parting of the ways Dr. Roosa and I between us united for the purpose of seeing the Post-Graduate Medical School, I would be wholly out of place. And when I say "united," understand, for a time it was that kind of union which is marked by the stretching of the hand across the bloody chasm. For those of you whose memories follow me remember that the Post-Graduate School was the outgrowth of contention on the part of a faculty, which at that time found itself faced with inability to meet the demands of post-graduate instruction.

You know that there has always been a tendency for the tail to wag the dog, and in that illustrious combination which at that time presided over the destinies of the medical department of the University of the City of New York, the so-called regular faculty, classed itself as the dog and its professors of the special department as the tail. But, the latter would have none of this, for they recognized within themselves a power, as we, the Regular Faculty, considered it, for mischief, which would assert itself, yea, at any cost. And so they laid down their ultimatum, which was to the effect that "If you do not arise to the demands of this situation (the demand for post-graduate instruction), we will wash our hands of you, and instead of being cast off we will cast you off and seek new pastures that will be far more attractive than those you pretend to give us here."

We were inclined to say, "God speed you," because we felt within ourselves that we had escaped a danger of disruption which would be dire in its consequences. The fact of the matter was that a good many of us felt that the tail was indeed about to wag the dog. Now, gentlemen, it gives me honest and profound pleasure to stand here to-night, not as your representative, because as I said before, there are many of you that can do this task far better than I, but as the representative of a mistaken and misinformed combination, which at that time had its like in every medical school in this country, which said, "This need of post-graduate instruction is a myth; there is nothing in it; unless, only for purpose of self-advertisement," forgetting for a moment that most of us occupied our positions largely for the kind of advertisement that came from the then much cherished but now more common, term "Professor."

And now you ask me to speak to the toast of Civic Pride. Well, what is civic pride? Dr. Osler, in his usual charming manner of introduction, has said that I was to explain why it did not exist in New York. Well, it does exist in New York, but as yet it has not taken the direction which the eloquent speeches which have preceded mine would seem to indicate it should follow; and the reason, no doubt, is we have a variety of civic influences with which to contend. There is a kind of civic pride which sometimes comes before a fall, and about every three or four years in our elections we have an opportunity to view that kind of pride. Sometimes

our pride is based upon the achievements of all the iniquities which can possibly be crowded into a small period of two or three or four years. Then, as an offset, we have it based on all the virtues that can possibly belong to man, which descends in our midst (every now and then) and appears as if it would take charge and direct all the things that belong to our body politic. And then there comes an upheaval, and with that upheaval comes another kind of civic pride.

Gentlemen, the great trouble about the situation with us is that our civic pride is not stable. It has not yet reached the point where we can say, in the memorable words of Decatur, "Our city, right or wrong, our city." When it shall have reached that period of devotion to the town which we here represent, then we will be able to find in our midst a basis upon which we can call for response to such appeals as have been made to-night by Dr. Keen and the other eloquent gentlemen that have preceded me. It is here, I can assure you, but, like every other true and genuine human element, it must be convinced that the appeal which has been made to it is equally genuine. What do we propose to give in response to the demands of this civic pride? What kind of medical education do we propose to hand out as a return for the benefits which we seek at its hands, I mean? Is it that which is represented even by the best institutions which we vaunt ourselves with possessing to-day? I tell you, if we rest upon that assumption, it will be sometime before we can spur the true and genuine civic pride to come to our assistance.

Let us take any one of the undergraduate institutions that flourish here—and I shall not undertake to draw comparisons by going far afield, for fear of seeming to do discredit to the institutions which many of our guests represent, in their far-distant and provincial centers, but I will confine myself to what we have here before us. What is their medical teaching? Medical teaching as it is understood by the bulk of the profession of this city to-day is an absolute farce. (A Voice: "Good!") I repeat it, a farce; and the reason for it lies in the fact that it is conducted, in very many of its branches, less for the betterment of medical education as a whole than for the benefit and the personal ends of the teacher or professor, outside of the lines of the college in which he happens to be placed. Until a day can be reached when medical education is specialized along lines which in other directions have been so eloquently dwelt upon by some of the speakers who have preceded me, we will not be in a position to offer a genuine article of medical teaching with which to awaken the civic pride that we love to dwell upon. Gentlemen, I do not doubt that in many of the chairs which are presided over by the distinguished men who belong to some of our institutions here, singleness of purpose to the object to be attained is the guiding and directing spirit. That pertains largely, if not wholly, to the laboratory branches of those institutions; but when you come to that which all must consider as being the very highest development of medical teaching, namely the dealing with practical, everyday questions of disease, I tell you that the men who are engaged in this teaching are woefully short in the time and thought which they bestow upon it. This may seem extremely radical, but if so, it is radical for the reason that we decline to apply to the teaching in the medical schools the same rule and the same principle which we demand in

every other kind of teaching to which we subject the human race. And if you can point to a variety or form of teaching which is inherently more exacting or that holds a more important position in this world in its relation to all that goes to make up the happiness of human life, than medical teaching, I fail to know of it. Now, let us dignify it by isolating and separating it from the distracting influences which unfortunately under present conditions are allowed to interfere so seriously with it.

In this connection let me say a word upon the importance of this civic pride supporting us in what is an absolute necessity to the perfection of that kind of teaching; namely, the need for the employment of the living human body, of that body which has wrapped within it the secrets we are obliged to unravel if we expect to maintain our forward position in the struggle for existence. Will the body politic, the civic body, consent to the use of the living human bodies in its hospitals? (I am putting it brusquely and perhaps roughly, but I do it because I wish you all to appreciate the bearing of the situation in perhaps its most repulsive form.) Will it understand that it is an absolute necessity that we should use the living human body for the purpose of instilling the very essence of that kind of education which is needed to make medicine the perfect work? Will it understand that the best results that can possibly be obtained for the sick and suffering are those obtained and only obtainable in institutions which throw their doors open to medical teaching? Inhuman? Why! Is there any more human act on earth than that which a conscientious teacher, ever careful of the comfort and of the safety of his patient, brings to bear in unravelling the secrets of disease which lie there hidden, and in explaining them to fresh and receptive student minds for the purpose of enabling them to cap the educational structure which has been erected under laboratory instruction. We need to bring this home to the body politic, bring this home to civic pride, and above all, prove to civic pride that you are as genuine in your determination to furnish in every department of medicine, the highest type of education, and I can promise you that then there will not be wanting an abundance of response on their part to your appeal. Pardon me, gentlemen, for occupying your time so much, but it occurred to me that the opportunity was presented to say that we under-graduate people are by no means satisfied with the situation as it now stands. Medical education has gone so far forward that practically when it comes to dealing with the specialist we are exactly where we were twenty years ago, when Dr. Roosa and I fell out. We cannot meet the requirements of special education, even with our four years' extension of course, any better than we could meet them twenty-one years ago with our two years' course as then presented. (Applause.)

We make better doctors now than we did then, but even this has to be improved, and as sure as you and I sit here to-night, there is but one remedy, and that is to walk in the footsteps of those most advanced countries which, like ourselves, are engaged in bringing before the people the benefits of medical education, and which compel a five-year instead of a four-years' course.

In looking about me, I see but one representative, but he is a distinguished representative, of the Department of Arts connected with our great universities, and I do not question that as I talk he says, "But if you



give this time to medical education what time are you going to give to the under-graduate course in arts, and if the under-graduate course in medicine is to cover all of this period, when will a man begin to support himself? Will not his energies have long since been worn out, and will he not have ceased to have the initiative which Doctor Mayo has spoken of as being such an essential at the beginning of life?"

Alas, that is a question which can not be determined by us. The Department of Arts, according to my idea, must settle that with the High School. But we must stand and stand like a rock, not only for those four years of medical education, but for five. (Great applause.)

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### Dr. Osler.

(Addressing Dr. Roosa). It must be an extreme pleasure to you to see gathered here, not only from your own city, but from different parts of the country, men who have come to honor you for the work that you have done for our profession. We thank you for it most heartily. You have worked hard, you have worked faithfully; you have been true to your ideals in medical education, and you have not neglected the duties of faithful citizenship.

A rascally old astronomer physician of the seventeenth century wrote a delightful poem which has gone into literature as the "Wishing Song." It was the song which Benjamin Franklin says he sang a dozen times a day as a boy, and as an older man he always regretted that so many of the wishes therein contained were denied to him. May I quote to you, sir, with slight variations, the concluding lines?

"With a courage undaunted may *you* face your last day,  
And when you are dead may the better sort say,  
In the morning when sober, in the evening when mellow,  
He's gone and hain't left behind him his fellow;  
For he governed his passions with an absolute sway,  
Grew wiser and better as his strength wore away,  
Without gout or the stone, by a gentle decay."

Gentlemen, I propose three cheers, standing, for Doctor Roosa.

(Three lusty cheers were given, at the conclusion of which Doctor Roosa spoke as follows:)

### Dr. Roosa.

Dr. Osler, gentlemen, fellow-members of my own profession, in behalf of the great Post-Graduate Medical School and its fellow in this city, I thank you for this kindly and more than generous reception. If the Post-Graduate Medical School and the Polyclinic had done nothing more in their career of twenty-one years than to bring such an assemblage as this together, it could well be said of them, "Well done, good and faithful servants." I know perfectly well what is meant by all this. It means that we intend that the medical profession shall not halt for a moment in its advance, which is rapidly bringing it to such a condition that such a scene can be witnessed. The most distinguished men of our State and neighboring States, have come to a dinner of congratulation for the advance of post-graduate medical instruction.

The Post-Graduate School has done one thing for English literature. It has rehabilitated a word. It is true that Columbia College undertook to use the word "Post-Graduate" in connection with some of its lectures, but the Trustees allowed the name to be forgotten. Then my friend, Professor Polk, and his colleagues took the Clinical Professors of the University under their wings and named us the "Post-Graduate Medical Faculty." This was in the year 1875. It was then thought possible to teach undergraduates and graduates on the same benches. At any rate this was proposed and tried. They proposed that we should feed men who had come from afar, hungry and thirsty for post-graduate medical instruction, with a small spoonful once a week.

But on the same benches with under-graduates the identity of the graduate was so lost, that he did not know whether he was beginning the study of medicine again, or whether he was really a post-graduate student, and so that attempt failed. We appealed in vain to that pleasant-looking gentleman that has just addressed you, and to his colleagues. We gave them a year's notice in 1881, that is, we gave notice to Professors Loomis and Polk and Thompson and the others of the University Faculty, "If you do not allow us to get a building on Twenty-sixth street near the College, which we will pay the rent of, and allow us to receive these hungry and thirsty gentlemen, and feed them with medical meat and drink—if you don't do that, we shall resign."

You all know that a medical professor seldom dies and never resigns. The University Faculty thought ours was an idle threat, but they invited us to a feast in the old Lotus Club house, and it was a fine feast, for our dear friend Pardee was living then, and you know what his feasts were. It was a fine feast, but the Faculty said they couldn't do what we desired, and we said "We will go," and we went. We went out like Abraham, we did not know the country to which we were going, but the Lord had ordered it and we went. (Applause.)

And now I wish to interject a word to this felicitous gathering, which I am not foolish enough to imagine for a moment has arisen entirely from your personal regard for me, however kindly and great that may be. Some year or so ago, the idea of a dinner to me was kindly suggested, and I said "There are forty reasons why I cannot accept such an honor, and

the first one is, that when a man has a dinner given to him, it is thought by many that he is ready to be put on the shelf." But I was soon convinced that my resignation would not be asked for the day after the dinner, and it was assumed that there was a possibility of my continuing as long as God gives me health and strength in the same position where I have been for these twenty-one years. With those conditions I accepted, and with the essential one that it should be a feast to commemorate the anniversary of post-graduate medical instruction in New York. Dr. Keen has presented an alluring prospect to your minds of the medical teacher; how he gets up happy and goes to bed happy. I believe that is true; that is, I believe it is generally true. I had intended to say something of the delights of medical teaching, but Dr. Keen has said all that better than I could have done. Certainly we all find that an alluring employment which makes us rise and retire happy. You may allow me to tell a little illustrative tale of the difficulties of a teacher engaged in research. I may tell you of the perils of certain physiological investigations in the Post-Graduate Medical School, which was suggested by the optimistic remark of Doctor Osler, now that we were to have the Rockefeller Institute here, that we would discover everything not known in medicine or science, and then we would go on in a triumphal course forever. I thought of a little incident the other day that occurred to our Executive Committee, if you would like to hear it. (Voices: "Yes.")

We have a distinguished man in New York, a graduate of the Pasteur Institute, a very fine fellow, and he is looking around in the Universe of Science for things to investigate and worlds to discover. He is one of the "students of research." Well, this man thought if he would get Rockefeller or Carnegie, or Mr. Somebody to give him six hundred dollars to buy two Chimpanzees, he would inoculate them with human diseases to see whether the disease could be transmitted or not, and thus determine whether the monkey was or was not really the missing link. He called on Mr. Rockefeller—if I may venture to give names—but he did not get any money, and he went to see Mr. Carnegie, and he did not get any money, and he went around to a great many people. Finally a relative gave the money. So he took the six hundred dollars and came down to see the chairman of the Committee, and stated how everything would be revolutionized, and we should know all about Darwin and the Missing Link, and so forth, if his inoculations resulted as he hoped. Then we elected him a member of the Post-Graduate Faculty on account of what he had done before, and what he was now going to do with the monkeys. The next day (to illustrate some of the sad experiences of a Post-Graduate President) the next day the telephone rang, and I went up to it. There was something of menace in the sound, but I went up to the telephone and listened, and I soon heard, "This is Du Verney." And it was Du Verney, and the voice went on to say "I am sorry to tell you, Mr. President, that although I got the monkeys all right, they would not allow me to have them in the Bronx, but I got a woman to feed them in the rear of her house. She fed them a few days, but I did not have time to inoculate them, for they both died this morning." Such an incident is one of the obstacles in post-graduate medical research. (Laughter.)



But at any rate, with this "Post-Graduate" word we have succeeded where the University Faculty did not, and we have rehabilitated the work with that name, Post-Graduate Medical Instruction, and post-graduate any other kind of instruction that occurs after under-graduate study. It is now employed in all educational centres. I have heard General Sherman talk about post-graduate instruction for the army, and now there is an Army Post-Graduate Medical School, and there is only one corner of the world where they do not adopt the term Post-Graduate instead of graduate. Even the Polyclinic Medical School put under its title, "Post-Graduate School," in order, I suppose, to explain what is meant by Polyclinic.

Bad English as the name is, we forced it on the world. We threshed over the subject at the first meeting of the Executive Committee after we resigned. Indeed, we spent the whole evening at it. We finally decided that if we had had the courage to resign from that Faculty, we had the courage to go out into the world alone with our name. We decided that if we had the courage to do that, we had the courage to use the word since it expressed what we meant to do. The *Spectator*, one of the best literary journals in England, has sanctioned the use of the word with all that is meant by it. It occurs in leaders of our dailies, in articles in our magazines. It is everywhere accepted as a proper descriptive title.

To-night I heard a concession far beyond anything I dreamed of as coming from the under-graduate colleges. We have said in the *Post-Graduate*, that it is of no use to increase the terms in these under-graduate colleges unless you teach them to "do things" as President Eliot has said, unless you teach them in the post-graduate methods. It is of no use to crowd the schools with more didactic instruction. The students must be let loose in the dispensaries to face and handle the patients, and see the teacher when he does the thing, and assist him in doing it. This is certainly a fact. And that is what post-graduate medical instruction does, but I never dreamed that the day of recognition would come so soon, until I came here and heard one of the eminent speakers to-night state it. Post-graduate methods will finally revolutionize all medical education, and bring the day when medicine shall everywhere be taught as it should be.

To go back to the causes of origin of the Post-Graduate Medical School, there is a slight historical error made in the book published by the University of the City of New York as to its history. The account is not so accurate about us as that given by Dr. Polk in his speech, and therefore I take this opportunity to correct it. I have a special pleasure in doing so here, as there is present a former member of the Council of the University, with whom I was a colleague at the time of which I am to speak. It is a fact that the President of the Post-Graduate School was for seven years a member of the Council of the University of the City of New York, now the New York University. It is a fact that we had a contention there about the giving up of the academic department, and the converting the University into what we conceived the founders of that Institution really meant it to be, and the President of the Council, the late John Taylor Johnston, and the Chancellor of the University, the late Howard Crosby, and a majority of the Council were in favor of the plan of making a real University of that University, without an under-graduate department. But the graduates took alarm, and they held a heated meeting and wrote letters to

the papers in which they denounced those who believed differently, in what they conceived to be fitting terms, and they secured another vote which was against our ideas, and seven of us resigned from the Council, and the Chancellor resigned his position as Chancellor.

This had nothing whatever to do with the establishment of the Post-Graduate Medical School. We were doing nothing in that instance for the establishment of post-graduate medical instruction. It was merely for widening the law department and other departments, and making a University like a German one. We had a large sum of money promised us if we had carried out our plans, but when, by a bare majority the former decision was reversed, we of the minority resigned, because we did not wish to obstruct the new Chancellor in going on in the old way. It happened two or three years afterwards that the President of the Post-Graduate Medical School, who had been Secretary of the Committee of the Council, had to do with establishing a post-graduate medical school, but this work had no relation with the other. It was no disappointed set of men going out of the University proper because they could not have a post-graduate medical school. They had nothing to do indirectly or directly with the contentions of the Council. The Medical School needed then no aid from the Council, and was not thought of in the contention. So this bit of history ought to be corrected. We went out from the University Medical College for the reasons that Doctor Polk and I have given, to establish a system of post-graduate medical instruction.

There has been—not among you, not among the set of men who have attended this dinner, but from one or two distinguished men and from others, criticisms upon post-graduate medical instruction. They have stated that we aimed to make specialists in five, six, eight, twelve, eighteen or twenty-four weeks, or in some other number of weeks. We not only do not attempt to do any such thing, but we never presumed to attempt any such thing. When we went to Vienna and Berlin in the days when there was no post-graduate medical instruction in America, did the Professors of Vienna and Berlin pretend to make specialists of us? Not at all. It is true, they enabled us to know some things better, and to get close to cases that had been held far away from us. I went from the New York Hospital, where there was post-graduate surgical instruction for the limited number of us who were in the Hospital. But, go through the City of New York, and there was not a place except in isolated quarters, where one could obtain real instruction in the specialties, such as, for example, how to perform a certain operation, how to examine the eye with an ophthalmoscope, or how to make an examination in the laboratory. You had to follow the scattered men who gave courses—and very few there were—from Dan to Beersheba, and you had to be satisfied with a very limited course. It was those things pressing upon us with a pressure we could not withstand, that caused my colleagues and myself to enter upon the work which has prospered to such an extent that you have placed it among the birthdays of the profession, to be commemorated to-night by this great gathering, not only of the medical profession, but of distinguished citizens in other callings. You have honored it that far.

It has often occurred to me, as I am sure it must have occurred to many members of our profession sitting around me, that ours is compara-



tively a monastic profession. You are busy performing an operation for appendicitis to-day, and to-night and to-morrow you and your assistants are simply concerned with that family and that patient and the others of that character that you have. On the other hand, you are taking a case of typhoid fever through its crisis, and your days are filled with such labor that at night you do not always feel like seeking other than your own fellows, where familiarity and your own talk abound, and you absent yourself too much from social and general gatherings. But we should go among the men that control the City, the men of affairs who are before the world, the clergymen, the lawyers, the authors, and the great editors, business men and bankers, while not neglecting our own profession. We must make opportunities to go out into the world among them and show them what we are trying to do, and say, "What will you do for us now that you know our needs?" We may be monastic, we may be within ourselves, but it seems to me we are to be compared with engineers, and the stokers of a great man-of-war, or better, a great passenger steamship, all begrimed with work below while the others are in gay apparel above. Without us the transport cannot go safely to her destination, the vessel will never reach its harbor. Without us, all the pleasure of life as it is given us to enjoy, will not exist. And so I hope that there are times such as this, when we may come to you and say what the medical profession knows, what its aspirations are, and what its future with your countenance and aid, may possibly be. I do not mean by this that a Doctor of Medicine in active practice should busy himself with practical politics, or hold a political position. This he cannot do and properly attend to his own profession with its weighty affairs.

I have the honor to represent the Post-Graduate Medical School—although there are many that could more fitly represent it, but as I am able, up to my light, I represent the Post-Graduate Medical School—and I feel a gratitude to you to-night which can hardly be measured. When we have seen men come from Boston, with its magnificent equipment for medical education, and from Philadelphia, with its three great medical colleges and its hospitals, and more than all, the men behind the guns in both cities; when we see Baltimore, which is to all of us the Mecca of sound scientific medical investigation for the benefit of the whole country, represented as it is here, and practitioners from up the State, and from the colleges at Albany and Buffalo and from Montreal, in the neighboring Dominion, coming to New York to help us on this occasion, we can but be grateful, and we can but appreciate that there is a common tie that binds us all in our devotion to this profession which lives only for the benefit of humanity.

Gentlemen, have you ever thought how much the world owes to the medical profession of our country? Have you ever thought how, in the Massachusetts General Hospital, the use of ether anæsthesia, the first general anæsthesia for surgical operation was suggested and successfully tried by Morton before a medical class with the countenance of Warren, who performed a surgical operation? To-night a son of that same Morton is a member of the Post-Graduate Medical School and sitting at this table. Have you ever thought of Ephriam McDowell, living almost in a cabin remote from civilization on the frontiers in Kentucky, and almost taking his life in his hands to perform an operation on a woman, that had never been performed before? We have heard to-night of the lives saved and the

fortunes made by a London doctor who learned that operation from him. Do you realize how much that bold and skilful operation of McDowell's has added to the world's happiness?

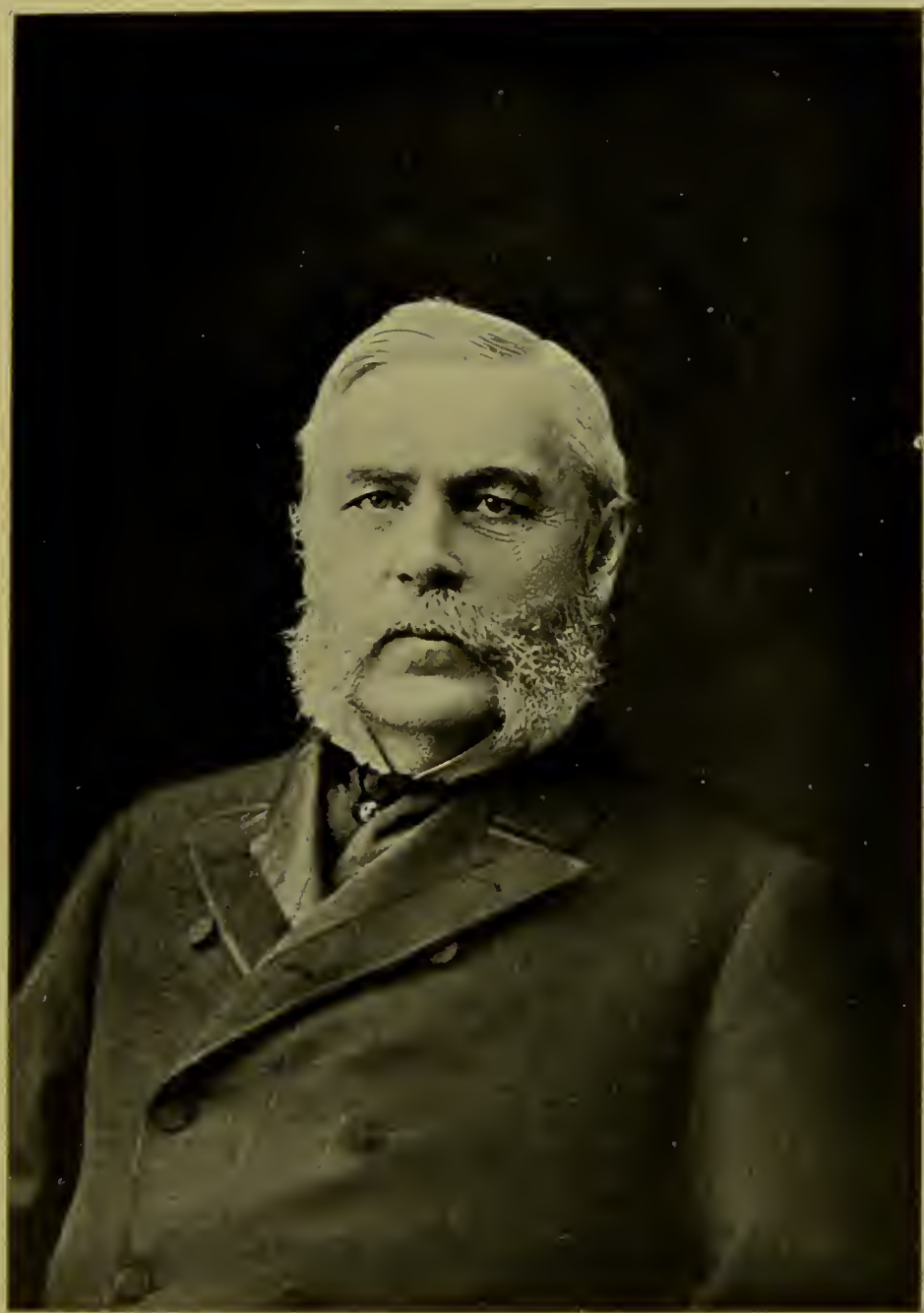
And have you ever thought that in this City of New York, and in that very Hospital—the New York Hospital, of which the honored President is sitting by my side—have you ever known that that was the place where Willard Parker investigated Pteryphlitis, now Appendicitis, and gave the great impetus to that life-saving surgery which men like Keen, Weir and Bull and others sitting here to-night, so illustriously represent?

The other night there was a member of our faculty in direst conflict with threatened death. It was impending from his almost impermeable larynx, and his life was going away by seconds, and there came in the friendly and courageous knife of a colleague—also a Professor in our School—and I am proud and grateful to say that the life was saved. And to whom do we owe the incipency of this operation? To Doctor Gurdon Buck, also of the New York Hospital.

Dr. Osler spoke of the absence of statues to eminent members of the medical profession. Wander over behind the new library on Forty-second street, and if it is a clear day, and they are not doing too much work on the library now being erected, you can see in a corner the statue of a man, who in Alabama, upon the colored race, worked out the great problem of removing an incurable disease from thousands of women and placing it among the curable. He came to New York and established a Woman's Hospital, of which I see honored surgeons and directors about me. There, behind the library you will find a statue to the immortal name of Marion Sims.

Do you know anything about diphtheria? Do you know anything about that disease which tracheotomy was found too often to be inefficacious for? And do you know anything about Joseph O'Dwyer? I am proud to say that Joseph O'Dwyer demonstrated to hundreds of men in the Post-Graduate School, where he was a Professor, his life-saving intubation, discovered by him in his ardent work among the foundlings. And now there are seated before me men, his pupils, who not only perform that operation, but can demonstrate it to others. Sitting before me are men who have been instructed in it, but there perhaps sits none who could tell such a pathetic tale as that man at the Post-Graduate Medical School, who after having been taught the operation by the teachers there, sat down, and wiping the tears from his face said, "My God, if I had known how to do that six months ago, I would have saved my child." That is one of the fruits of personal medical instruction, which is what post-graduate medical instruction means.

Gentlemen, the hour is late. Even if it were not, it would be absolutely impossible to fully express in any set of sentences what this gathering means for post-graduate medical instruction. It means for one thing, that we have had the opportunity to assemble men about us as I have already intimated, men of intelligence and power, men who control the affairs of State and who make its literature, to hear our story. You know what Edwin Arnold said: "Men meet and greet and sever, parting eternally." And so it must be here. We meet and greet, we part forever, but never will the influence of this hour pass away. It has been an inspiration



DR. ANDREW HEERMANCE SMITH.



to those of us who are still in the work. It will be a greater inspiration to those young men who are coming on, fast pushing us out, to do greater deeds. It will be an inspiration to this City of New York and to this country, to know that after all, the medical profession deserves the hearty support of every individual in its efforts to advance the art and science of healing the sick. It needs their hearty co-operation, and we certainly expect to get it. I thank you, gentlemen.

(At the conclusion of Dr. Roosa's speech three hearty cheers were given for him, the Post-Graduate Medical School and the other speakers, terminating the proceeding.)

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Presentation of Loving Cup to Dr. Roosa by Dr. Andrew H. Smith, President of the Academy of Medicine, Emeritus Professor and Vice-president of the Faculty of the New York Post-Graduate Medical School and Hospital.

There was a hush during the progress of the dinner and Dr. Smith arose and presented the cup with the following words:

*Dr. Roosa:*—Lips more eloquent than mine will tell us of the very abundant reasons why you are admired and honored and loved by a host of friends. Some of these friends have prepared for me the pleasant duty of presenting to you this cup as a token of our affectionate esteem. Accept it, dear friend, and give it a place in your home, where the light from your ingle may play upon its polished surface, reminding you of struggles waged and battles won, and beckoning you on to renewed exertions and the gathering of fresh laurels in the years to come.

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### Dr. Roosa.

*Dr. Andrew H. Smith, Members of the Corporation and Faculty who have made me this gift:*—I am completely overwhelmed by the occasion and I hardly know what to respond to the sentiments that have just been uttered by the speaker who is the mouthpiece of the givers of this beautiful cup. I do not know what to say in return. This is a wholly new situation. I understand perfectly that only circumstances have made me the Executive of our great Institution, and that the chief work in accomplishing what we have done has been performed by you. I hesitate very much to take the credit of any of it, but I thank you most heartily for the appreciation of what I have in your name attempted to do for Post-Graduate instruction. Once a distinguished lawyer invited people to come and put up with him when he had acquired a great position in another country, and he stated at the same time that no judge had ever been able to put up with him. It is remarkable to me that you have put up with me so long, but I shall be very happy if you will continue the same relation. Again, gentlemen, I thank you. (Great applause.)







## LIST OF GUESTS.

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Abbé, Dr. Robert  
Ainsworth, Dr. H. R., Addison  
Alexander, James W.  
Allen, Dr. C. W.  
Anderson, Dr. A. J., Newport  
Andrews, Esq., Champe S.  
Armstrong, Dr. G. A., Montreal  
Bagoe, Dr. F.  
Bainbridge, Dr. W. S.  
Ball, Dr. O. D., Albany  
Bangs, Dr. L. B.  
Banta, Theo. M.  
Bartlett, Judge Edward T.  
Beck, Dr. Carl  
Bell, Dr. J. T.  
Bellamy, Dr. Russell  
Benedict, Dr. C. S.  
Birkett, Dr. H. S., Montreal  
Blake, Dr. C. J., Boston  
Bliss, Hon. Cornelius N.  
Boldt, Dr. H. J.  
Brainerd, Cephas, Esq.  
Brannan, Dr. J. W.  
Brodhead, Dr. G. L.  
Bronson, Dr. E. B.  
Brothers, Dr. A.  
Brown, Dr. W. B.  
Bryant, Dr. Jos. D.  
Bryant, Dr. W. S.  
Bull, Dr. W. T.  
Buller, Dr. F., Montreal  
Burt, Dr. S. S.  
Butler, Wm. Allen, Jr.  
Caillé, Dr. A.  
Cairns, Dr. D. W.  
Calhoun, Dr. A. W., Atlanta  
Cameron, Dr. J. C., Montreal  
Carr, Dr. W. L.  
Chambers, Dr. T. R.  
Chapin, Dr. H. D.  
Cilley, Dr. A. H.  
Clark, Dr. J. G., Philadelphia  
Coc, Dr. J. W.  
Cole, Dr. C. S.  
Coley, Dr. W. B.  
Collins, Dr. Joseph  
Combes, Dr. A. C.  
Conant, Dr. W. M., Boston  
Converse, Dr. J. S.  
Cox, Dr. C. N.  
Cragin, Dr. E. B.  
Croxall, Dr. W. Y.  
Culbert, Dr. W. L.  
Cullen, Dr. T. S., Baltimore  
Curtis, Dr. B. Farquhar  
Curtis, Dr. H. H.  
Daland, Dr. Jndson, Philadelphia  
Dana, Dr. C. L.

Danforth, Hon. Elliot  
Dann, Dr. N. R.  
Darlington, Dr. Thos.  
Davis, Dr. Asa B.  
Davis, Dr. A. E.  
Day, Dr. F. L., Providence  
Dayton, Hon. Chas. W.  
De Garmo, Dr. W. B.  
Delafield, Dr. Francis  
Delano, Warren, Jr., Esq.  
Delavan, Dr. D. B.  
Dench, Dr. E. B.  
Dennis, Dr. F. S.  
De Witt, Geo. G., Esq.  
Deynard, Dr. A. B.  
Dickinson, Dr. G. K.  
Dixon, Dr. G. A.  
Donohue, Dr. F. M.  
Dorman, Dr. F. A.  
Douglas, Dr. H. B.  
Dowd, Dr. C. N.  
Dunham, Dr. E. K.  
Dunham, Dr. Theo.  
Eden, Dr. J. H.  
Edgar, Dr. J. C.  
Einbom, Dr. Max  
Elderkin, John, Esq.  
Elliott, Dr. G. R.  
Ely, Dr. Wm. S., Rochester  
Emerson, Dr. J. B.  
Emmet, Dr. Bache  
Erdmann, Dr. J. F.  
Fahnestock, H. C., Esq.  
Fahnestock, Wm., Esq.  
Fairbairn, Dr. H. A.  
Fish, Hon. Hamilton  
Fish, Stuyvesant, Esq.  
Fisher, Dr. E. D.  
Fiske, Dr. J. P.  
Flood, Dr. H., Elmira  
Forbes, Dr. H. H.  
Freeman, Dr. R. G.  
Fuller, Dr. Eugene  
Gallatin, Fred'k  
Gant, Dr. S. G.  
Gardner, Dr. Wm.  
Gerster, Dr. A. G.  
Gibbons, Dr. P. J.  
Gibbous, Dr. R. H.  
Gibney, Dr. V. P.  
Gillette, Dr. W. R.  
Glover, H. S., Esq.  
Goodridge, Dr. E. A.  
Grinnell, Dr. A. P., Burlington  
Guiteras, Dr. Ramon  
Hackley, Dr. C. E.  
Halsey, Dr. R. H.  
Halsted, Dr. Wm. S., Baltimore

- Hammond, Dr. G. M.  
 Hansell, Dr. H. F., Philadelphia  
 Harris, Dr. E. E.  
 Harris, Dr. T. J.  
 Hartley, Dr. Frank  
 Harvie, Dr. J. B., Troy  
 Hastings, Dr. T. W.  
 Hawkes, Dr. Forbes  
 Hayden, Wm. B.  
 Herrick, Dr. Everett  
 Hinsdale, Hon. E. B.  
 Hinton, Dr. J. H.  
 Holloway, Dr. J. M., Louisville  
 Houston, Dr. D. W., Troy  
 Howells, Wm. Dean, Esq.  
 Hulett, Dr. J. B., Middletown  
 Illoway, Dr. H.  
 Irish, Dr. R. L.  
 Irwin, Dr. F. N.  
 Isham, Chas. H.  
 Ives, Brayton, Gen.  
 Ives, Dr. F. M.  
 Jack, Dr. F. L., Boston  
 Jackson, Dr. E. O.  
 Janeway, Dr. E. G.  
 Jacobson, W. B.  
 Jesup, Morris K., Esq.  
 Johnston, Dr. Geo. Ben., Richmond  
 Judd, Dr. A.  
 Judson, Dr. A. B.  
 Junkin, J. De F.  
 Keen, Dr. W. W., Philadelphia  
 Kelly, Dr. Howard, Baltimore  
 Kemp, Dr. R. C.  
 Kenefiek, Dr. J. A.  
 Kenyon, Dr. J. H.  
 Kershner, Dr. Edward, U. S. N.  
 Kimball, Dr. I. E., Portland  
 King, Edward  
 King, Dr. H. M.  
 Kipp, Dr. C. J.  
 Knapp, Dr. Herman  
 Knopf, Dr. S. A.  
 Kumpf, Dr. J. E.  
 Kyle, Dr. D. B., Philadelphia  
 Ladd, Dr. Ira, Stockton, Cal.  
 Landon, Francis G.  
 Lanehart, Dr. L. V.  
 Laplace, Dr. Ernest, Philadelphia  
 Lawrence, Hon. A. R.  
 Le Fevre, Dr. Egbert  
 Lewis, Dr. Daniel  
 Lewis, Dr. Robert, Jr.  
 Lloyd, Dr. Samuel  
 Loughran, Dr. R. L.  
 Lummis, Wm., Esq.  
 Lusk, Dr. T. G.  
 MacDonald, Dr. Carlos F.  
 MacDonald, Dr. W. G., Albany  
 MacGuire, Dr. C. J.  
 Mackenty, Dr. J. E.  
 Maenhatter, Dr. N.  
 MacPhee, Dr. J. J.  
 MacPherson, Dr. D.  
 Maddren, Dr. Wm.  
 Maddren, Dr. W. H.  
 Magnin, Dr. A. Y., Paris  
 Maisch, Dr. C. O.  
 Maloney, Dr. E. R.  
 Marden, Francis S., Esq.  
 Markoe, Dr. F. H.  
 Markoe, Dr. J. W.  
 Martin, Dr. J. M., Boston  
 Marvel, Dr. Emery, Atlantic City  
 Marvel, Dr. Philip, Atlantic City  
 Matheson, Dr. A. R.  
 Maxson, Dr. S. C., Utica  
 May, Dr. C. H.  
 Mayo, Dr. Wm. J., Rochester, Minn.  
 McAuliffe, Dr. D. A.  
 McClelland, Dr. L. A.  
 McCrae, Dr. T., Baltimore  
 McFarland, Dr. W. C.  
 McGrath, Dr. J. J.  
 McKernon, Dr. J. F.  
 McLean, Dr. M.  
 McRae, Dr. Floyd W., Atlanta  
 Meacham, A. B., Esq.  
 Meyer, Dr. Willy  
 Miller, Dr. F. C., Pittsburg  
 Miller, Dr. G. I.  
 Miller, Dr. G. N.  
 Miller, W. Starr, Esq.  
 Mills, Dr. T. D., Middletown  
 Mitchell, Dr. J. W., Providence  
 Mittendorf, Dr. W. F.  
 Mixer, Dr. S. J., Boston  
 Mooney, Dr. E. L., Syracuse  
 Moriarta, Dr. D. C., Saratoga  
 Morris, Dr. R. T.  
 Morton, Dr. W. J.  
 Musser, Dr. J. H., Philadelphia  
 Myers, Dr. T. Halsted  
 Myles, Dr. R. C.  
 Nagle, Dr. J. L.  
 Newbold, Hon. Thomas  
 Nieoll, Dr. H. D.  
 Nilsen, Dr. J. R.  
 Norris, Dr. H. S.  
 Northrup, Dr. Wm. P.  
 O'Connell, Dr. J. H.  
 Ogilvy, Dr. Charles  
 Osler, Dr. Wm., Baltimore  
 Parsons, J. E., Esq.  
 Partridge, Dr. E. L.  
 Peaslee, Dr. E. H.  
 Peek, Dr. C. H.  
 Peek, Dr. E. S.  
 Pedersen, Dr. James  
 Peterson, Dr. E. W.  
 Phillips, Dr. W. C.  
 Pinkham, Dr. E. W.  
 Pisani, Dr. A.  
 Pisek, Dr. G. R.  
 Plimpton, Dr. W. O.  
 Polak, Dr. J. O.  
 Polk, Dr. Wm. M.  
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